

# **INDIANA MATERNAL AND CHILD HEALTH TITLE V BLOCK GRANT**

## **Indiana State Department of Health Title V – Maternal and Child Health Block Grant FY 2008 Application/FY 2006 Report Executive Summary**

### **Purpose**

Title V Maternal and Child Health (MCH) Block Grant funds are to be used to improve the health status of women, infants, children, adolescents and children with special health care needs in the State of Indiana. Although MCH programs are available to all women, infants and children and many other programs are available to families with children, emphasis is placed on women of childbearing age, low-income populations and those who do not have access to health care.

### **Mission**

The Title V Grant Application is integrated with the mission of the Indiana State Department of Health (ISDH): “The Indiana State Department of Health supports Indiana’s economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities.”

ISDH has also developed the following priority health initiatives:

1. Data drives efforts for both health conditions and health systems initiatives
  - Effective, efficient, and timely data collection.
  - Evidence-based and results-oriented interventions based on best practices
2. INShape Indiana
  - Promotion of prevention and individual responsibility especially in the areas of obesity prevention through good nutrition and exercise and smoking cessation.
  - Participation in this effort with all components of communities – collaborative partners.
  - Integration of INShape opportunities in all programming and communications.
3. Integration of medical care with public health
  - Appropriately targeted access to care for underserved Hoosiers.
  - Opportunities for Medicaid demonstration projects to showcase successful public health-based interventions.
  - All direct and enabling services providers must be Medicaid providers.
4. Preparedness
  - Continual scanning for developing public health threats regardless of cause of the threat (particularly direct medical care projects).
  - Planning and training for poised and effective response to threats that cannot be prevented.
  - Coordination through Local Public Health Coordinators.

The ISDH’s vision for the future is one in which health is viewed as more than the delivery of health care and public health services. This broader public health view also includes strengthening the social, economic, cultural, and spiritual fabric of communities in our state.

## **State Summary Profile**

Indiana's FY 2008 Title V Block Grant allocation is estimated at \$11,890,821. Federal law mandates that at least 30% of the grant be spent on preventative and primary care services for children and at least 30% of the grant be spent on services for children with special health care needs (CSHCN).

The Indiana State Department of Health administers the Title V grant through Maternal and Children's Special Health Care Services (MCSHC), a division of the Human Health Services Commission (HHSC). MCSHC administered programs include: Prenatal Substance Use Prevention Program, Indiana Perinatal Network, SIDS, Preventive and Primary Child Health Care, Indiana RESPECT (Reducing Early Sex and Pregnancy by Educating Children and Teens), Indiana Child Care Health Consultant Program, Family Care Coordination, Prenatal Care Services, Prenatal Care Coordination, Adolescent Health Centers, Family Planning Services, and the Genetic Diseases Program. MCSHC also administers Children's Special Health Care Services (CSHCS), the state program for children with special health care needs. Other programs administered within the Commission include: Indiana Childhood Lead Poisoning Prevention Program, Immunization, Injury Prevention, Oral Health, and Genomics and Newborn Screening, which includes Universal Newborn Hearing Screening, Newborn Metabolic Screening, and the Sickle Cell Program.

During FY '06 MCSHCS used the Title V grant to fund 8 family planning projects, 7 genetics centers, 11 infant health projects, 11 prenatal care clinics, 10 child health projects, 6 school-based adolescent health grantees, 1 high risk infant follow-up program, 22 prenatal care coordination programs, and 11 family care coordination programs.

(2005 Data Has Been Used When 2006 Data Was Unavailable)

### **Priority Health Needs for the MCSHC population, 2006-2011**

1. To decrease high-risk pregnancies, fetal death, low birth weight, infant mortality racial and ethnic disparities in pregnancy outcomes.
2. To reduce barriers to access to health care, mental health care and dental care for pregnant women, infants, children, children with special health care needs, adolescents, women and families.
3. To build and strengthen systems of family support, education and involvement to empower families to improve health behaviors.
4. To reduce morbidity and mortality rates from environmentally related health conditions including asthma, lead poisoning and birth defects.
5. To decrease tobacco use in Indiana.
6. To integrate information systems which facilitate early identification and provision of services to children with special health care needs.
7. To reduce risk behaviors in adolescents including unintentional injuries and violence, tobacco use, alcohol and other drug use, risky sexual behavior including teen pregnancy, unhealthy dietary behaviors and physical inactivity.
8. To reduce obesity in Indiana.
9. To reduce the rates of domestic violence to women and children, child abuse and childhood injury in Indiana.
10. To improve racial and ethnic disparities in women of childbearing age, mothers, and children's health outcomes.

### **National "Core" Performance Measures**

1. The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
2. The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)
3. The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)
4. The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN survey)
5. Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN survey)
6. The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life, including adult health care, work, and independence. (CSHCN Survey)
7. Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
8. The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10. The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11. The percent of mothers who breastfeed their infants at 6 months of age.
12. Percentage of newborns who have been screened for hearing before hospital discharge.
13. Percent of children without health insurance.
14. Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85<sup>th</sup> percentile.
15. Percentage of women who smoke in the last three months of pregnancy.
16. The rate (per 100,000) of suicide deaths among youths aged 15 through 19.
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

### **State “Core” Performance Measures**

1. The number of data sets, including the NBS, UNHS, Lead, IBDPR, Immunizations, CSHCS, and First Steps Data, that are completely integrated into the Indiana Child Health Data Set.
2. The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children less than five years old.
3. The percent of live births to mothers who smoke.
4. The percent of black women (15 through 44) with a live birth whose prenatal visits were adequate
5. The percentage of children age 0 to 7 years with blood lead levels equal to or greater than 10 Micrograms per deciliter.
6. The proportion of births occurring within 18 months of a previous birth to the same birth mother.
7. Number of community/neighborhood partnerships established in 5 targeted counties to identify perinatal disparities.
8. The percentage of high school students who are overweight or at risk.

**MCSHC Performance Measures including  
Selected Performances for FY 2006,  
Selected Current Activities for FY 2007**

**PERFORMANCE MEASURE #1** The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

a. FY 2006 Accomplishments and Performance Objective: Maintain at 100% the percent of newborns that are screened for Indiana mandated conditions and receive appropriate follow-up and referral as defined by Indiana's Newborn Screening Program.

Status: In CY 2006, 100% of infants who were screened and confirmed with conditions received appropriate follow-up and referral. Some activities that impacted this performance included:

- The Newborn Screening Program (NBS) began developing the NBS datamart through the Operational Data Store (ODS). The Newborn Screening (NBS) Program developed the Sickle Cell datamart and began the Early Hearing Detection & Intervention (EHDI) datamart in FY 2006.
- NBS followed up on all abnormal screening results to completion and determined them to be either negative or confirmed positive with treatment initiated.
- NBS ensured referral of children with positive screens to one or more of the following: Metabolic Genetics, Endocrinology, Sickle Cell Centers, First Steps and CSHCS programs.

b. Current Activities and Performance Objective: Maintain at 100% the percent of newborns that are screened for Indiana mandated conditions and receive appropriate follow-up and referral as defined by Indiana's Newborn Screening Program. Some activities to impact this performance objective include:

- Newborns whose screens were invalid, abnormal, or positive continue to receive follow-up.
- To date, 100% of infants with confirmed positive results were referred to the Genetics, Endocrinology or Metabolic Clinics at Indiana University Medical Center (IUMC), Sickle Cell clinics, First Steps, and the CSHCS programs.

**PERFORMANCE MEASURE #2** The percent of children with special health care needs age 0 to 18 years whose families partner in all levels of decision-making and are satisfied with the services they receive.

a. FY2006 Accomplishments and Performance Objective: The percent of children with special health care needs ages 0 to 18, whose families partner in decision-making at all levels, who were satisfied with the services they receive will be determined based on State and Local Area Integrated Telephone Survey (SLAITS) data, for which FY06 results are not yet available. Status: Automatically calculated by the Federal Government from the State and Local Area Integrated Telephone Survey (SLAITS) data; not yet available. Some activities that impacted this performance were:

- The activity to translate program letters into Spanish for the Children's Special Health Care Services Program (CSHCS) was completed. Work is still in progress by CSHCS to add these letters to the Agency Claims and Administrative Processing System (ACAPS) to send to the program's Spanish-speaking participants.
- CSHCS developed a satisfaction survey for parents/guardians of the program's participants to determine how they feel services can be improved. This survey was developed; however, it has not been distributed.
- CSHCS has a grant with ASK (About Special Kids), which supports children with special needs and their families by providing information, peer support and education and building partnerships with professionals and communities. Activities included a telephone help line that was made available to families for questions relating to healthcare coverage, health care providers, education, early intervention, training and other issues. During FY 06, 1593 calls were taken. Also Parent Liaisons completed over 5500 phone calls

to provide initial peer support to families of children with special healthcare needs and made over 5500 follow-up calls.

b. FY2007 Current Activities and Performance Objective: The percent of children with special health care needs ages 0 to 18, whose families partner in decision-making at all levels, who were satisfied with the services they receive, will be determined based on SLAITS data, for which FY07 results are not yet available. Some activities to impact this performance objective include:

- The activity to translate program letters into Spanish for the Children's Special Health Care Services Program (CSHCS) was completed. Work is still in progress by CSHCS to add these letters to the Agency Claims and Administrative Processing System (ACAPS) to send to the program's Spanish-speaking participants.
- CSHCS developed a satisfaction survey for parents/guardians of the Twenty-eight participants to determine how they feel services can be improved. This survey has been distributed. 28% of the surveys sent were responded to, and of that 28% over 84% listed their experience as good or great, with over 57% saying Great. Only 1% of all respondents rated their experience as Poor/Bad.

**PERFORMANCE MEASURE #3** The percent of children with special health care needs age 0-18 who receive coordinated, ongoing, comprehensive care within a medical home (CSHCN Survey).

a. FY 2006 Accomplishments and Performance Objective: The percent of CSHCN in Indiana who have a "medical/health" home will be maintained at 56% in FY 2006.

Status: In CY 2006, 56% of CSHCN in Indiana have a "medical/health" home. Some activities that impacted this performance were:

- MCSHC continued to develop the Universal Newborn Hearing Screening (UNHS) and Sickle Cell program datamarts within the Operational Data Store (ODS) in order to track clients in these programs.
- The Indiana Parent Information Network (IPIN), now called ASK, and Unified Training Services (UTS) provided two physician medical home training programs in communities statewide. Due to UTS and IPIN staff changes, additional trainings were postponed until FY 2007.

b. FY 2007 Current Activities and Performance Objective: The percent of CSHCN in Indiana who have a "medical/health" home will be maintained at 56% in FY 2007. Some activities to impact this performance objective include:

- MCSHC will complete the Universal Newborn Hearing Screening (UNHS) and Sickle Cell program datamarts within the Operational Data Store (ODS) and begin developing the Newborn Screening datamart. These datamarts will allow the NBS staff to better track clients in these programs.
- MCSHC will develop and distribute an educational brochure for parents regarding Medical Homes to include in mailings to consumers from the NBS, CSHCS, and Indiana Family Helpline (IFHL) programs.
- MCSHC will develop a strategic plan to integrate community services for CYSHCN including objectives on Medical Home.

**PERFORMANCE MEASURE #4** The Percent of Children with Special Health Care Needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

a. FY 2006 Accomplishments and Performance Objective: Children with special health care needs who have a source of insurance for primary and specialty care will be 67% in FY 2006. Actual figures, based upon information in the Agency Claims and Administrative Processing System (ACAPS), of participants who have either private or public health insurance is 89.97%. Of that total percentage, 51.38% of participants have some kind of private health insurance and 38.59% have Medicaid. Some activities that impacted this performance were:

- CSCHS developed material to distribute to participants to help them understand the need to utilize and keep their insurance and the need to disclose it whenever services are rendered. A newsletter was developed but

was not issued. However, participant brochures were mailed to participants and given to facilities to distribute to applicants or participants.

- CSHCS updated the Provider Manual to include more information about requirements to bill all other available insurance before CSHCS is billed. This update includes language to encourage providers to work with families so they understand how insurance affects the provider of service. Some work was done on updating the provider manual, however, this activity was not completed.

b. 2007 Current Activities and Performance Objective: Children with special health care needs who have a source of insurance for primary and specialty care will be maintained 67% in FY 2007. FY 07 figures are not yet available, but actual FY 06 figures, based upon information in the Agency Claims and Administrative Processing System (ACAPS), of participants who have either private or public health insurance is 89.97%. Of that total percentage, 51.38% of participants have some kind of private health insurance and 38.59% have Medicaid. Some activities to impact this performance objective include:

- CSHCS will track insurance utilization in ACAPS. This activity is current and continues to allow for denial of claims when other insurance coverage is available.
- CSHCS will monitor the activities and progress of Covering Kids & Families (CKF), a national initiative funded by the Robert Wood Johnson Foundation to increase the number of children and adults who benefit from federal and state health care coverage programs. The Director of CSHCS serves on the board of (CFK).

**PERFORMANCE MEASURE #5** The percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they use them easily. (CSHCS survey)

a. FY 2006 Accomplishments and Performance Objective: 80% of families with CSHCN, age 0 to 18, will report the community-based services systems are organized so they can use them easily.

Status: Incomplete Some activities that impacted this performance were:

- MCSHC maintained an 800 Family Help Line with V/TDD capabilities and bilingual support and refers families to community-based services.
- CSHCS provided current community based training to First Steps providers and Division of Family and Children (DFC) providers to promote systems development, and to improve the organization and delivery of services to children with special health care needs.
- CSHCS funded and collaborated with About Special Kids (ASK) and its statewide network of family-to-family peer support.
- CSHCS reimbursed families for in-state and out-of-state transportation of participants to medical facilities for services.
- CSHCS provided outreach to Neonatal Intensive Care Units (NICU), and maintained and provided lists of primary care physicians participating in the CSHCS program.

b. FY 2007 Current Activities and Performance Objective: 80% of families with CSHCN, age 0 to 18, will report the community-based services systems are organized so they can use them easily.

Status: Pending Some activities to impact this performance objective include:

- CSHCS will provide outreach to Neonatal Intensive Care Units (NICU), and maintain and provide lists of primary care physicians participating in the CSHCS program.
- CSHCS will promote Single Points of Entry (SPOE) early intervention sites, using local Offices of Family Resources to take CSHCS applications.

**PERFORMANCE MEASURE # 6** Percentage of youth w/special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

a. FY 2006 Accomplishments and Performance Objective: 6% of youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life. (CSHCN Survey)

Status: Incomplete Some activities that impacted this performance were:

- CSHCS published a newsletter to CSHCN families and participants with listings for community resources and support systems.
- CSHCS used the Agency Claims and Administrative Processing System (ACAPS) to target and generate mailing lists for adolescents appropriate to their age categories and potential topics of interest.

b. 2007 Current Activities and Performance Objective: 8% of youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life. (CSHCN Survey) UNDERWAY Some activities to impact this performance objective include:

- Children's Special Health Care Services (CSHCS) is developing and distributing a Transition Manual to 100% of participants, age 12-21.
- Children's Special Health Care Services (CSHCS) staff will receive ongoing training and updates regarding transitioning Children and Youth with Special Health Care Needs (CSYHCN) to adult life.
- CYSHCS is working with interagency initiatives regarding transition for disabled individuals from school to work or youth to adult health services.
- CYSHCN Transition Project has been initiated and is developing protocols for transitioning youth with special health care needs to adult care.

**PERFORMANCE MEASURE #7** Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.

a. FY 2006 Accomplishments and Performance Objective: The percent of 19 to 35 month olds who have received full schedule of age appropriate immunization for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B will be maintained at 81% in 2006.

Status: Achieved 81.4% - Twenty-four (24) of the 40 MCH funded clinics that administer immunization were above the 81% level. Some activities that impacted this performance were:

- All MCSHC funded sites that deliver immunization services received both Vaccines for Children (VFC) for VFC eligible children & Public Health Service Section 317 funded vaccine for all other children.
- All MCSHC grantees providing immunizations to more than 25 children in the 19 to 35 month old age group received an Operational Program Review this year, Clinic Assessment Software Application and follow-up (CASA/AFIX) to determine their immunization rate of this age group.
- The ISDH Immunization Program worked with MCH sites to increase participation in CHIRP (Children and Hoosiers Immunization Registry Program) to 75% in 2006. However, only 58% of MCH sites were enrolled in CHIRP as identified in the 2006 Operational Program Review (OPR's).

b. FY 2007 Current Activities and Performance Objective: The percent of 19 to 35 month olds who have received full schedule of age appropriate immunization for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B will increase to 82% in 2007. Some activities to impact this performance objective include:

- The Immunization Program will work with MCSHC to integrate the Federal Resource and Enabling Data system (FRED) with CHIRP (Children and Hoosiers Immunization Registry Program) so that all MCSHC served children's immunization records will be in CHIRP.
- MCSHC provided funds for the immunization program to provide additional needed vaccines for children.

**PERFORMANCE MEASURE #8** The rate of birth (per 1,000) to teenagers aged 15-17 years.

a. FY 2006 Accomplishments and Objective: The birth rate for teenagers aged 15-17 will decrease to 19.5 in FY

2006. The birth rate for teens aged 15-17 was 24.8 per 1,000 females in the year 2004.

Status: Not Achieved (20.9%) Some activities that impacted this performance were:

- State Adolescent Health Coordinator (SAHC) developed and submitted the FY 06 Federal Abstinence Education Grant. With the funding received, the State supported 26 grantees to implement abstinence education programs within their communities. A media campaign promoting abstinence to reduce teen pregnancy was also maintained and reached audiences state-wide.
- SAHC provided technical assistance to all local Indiana Reduces Early Sex and Pregnancy by Educating Children and Teens (RESPECT) grantees and to interested agencies across the state regarding topics such as grant writing, adolescent programming, Youth Risk Behavior Survey (YRBS), and youth development.
- SAHC facilitated the Spring 2006 release of the 2005 YRBS national comparison data. The data generated newspaper releases regarding findings from this survey among students. ISDH had a press release regarding the data for the YRBS. Local media also picked up the story on the release of the YRBS data.
- MCHSC enabled Free Pregnancy Test Program (FPT) agencies to provide counseling and referrals to health care providers, or provided abstinence or family planning information to sexually active teens with negative pregnancy tests. FPT is offered at all funded school based health centers & most MCSHC clinics.
- SAHC collaborated w/the Coordinated School Health Program Director on INSight (Indiana's Network of Students Inspiring Good Health Today) Youth Corps program. SAHC was approached to assist in planning a Youth Summit for adolescents and teens throughout the state in collaboration with the Coordinated School Health Program at ISDH & DOE and the Indiana Coalition to Improve Adolescent Health.
- SAHC gained approval internally at ISDH to develop an adolescent health coalition whose goal would be to author the first state adolescent health plan. Approval was granted in early September. The first meeting of the Indiana Coalition to Improve Adolescent Health was scheduled for early October 2006.

b. FY 2007 Current Activities and Performance Objective: The birth rate for teenagers, aged 15-17 years, will decrease to 19.0 in FY 2007. Some activities to impact this performance objective include:

- With the FY 06/07 Indiana RESPECT community grant program contracts ending, the SAHC will oversee the FY 08/09 Indiana RESPECT community grant program application and review process. SAHC updated the grant application for Indiana RESPECT. SAHC reviewed all applications (61 total received) and made funding recommendations for FY 08/09 grantees. If Congress does not fund this program at the federal level, only state funded grantees will be contracted.
- MCHSC contracted with the Indiana Perinatal Network (IPN) to convene a statewide advisory group to produce a Consensus Statement / Call to Action document to address unplanned pregnancies, in the state. MCHSC staff participated in this advisory group and the document was completed in April 2007. This contract will also provide partial support for a two-day summit on unplanned pregnancies scheduled for Sept 12-13, 2007. One major focus will be on adolescent issues and the SAHC serves on the summit planning committee. MCHSC also contracted with IPN to liaison with the Office of Medicaid Policy and Planning (OMPP) to submit a family planning waiver which will extend Medicaid coverage for an additional two years for family planning services. The waiver was submitted in December 2006.

**PERFORMANCE MEASURE #9** Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

a. FY 2006 Accomplishments and Performance Objective: The percent of third grade children who have received protective sealants on at least one permanent molar tooth will increase to 47% in FY 2006.

Status: Not Met (44.5%) Some activities that impacted this performance were:

- Oral Health Services (OHS) surveyed selected third graders in selected schools, throughout the state. This indicated the percentage of sealants based on parent/caregiver reporting.
- OHS promoted community-based dental sealant programs, and collaborated with the IU School of Dentistry Community Dentistry's sealant placement program. The ISDH Director of Oral Health Services served on the Board and planning committee of the IU School of Dentistry Mobile Dental Sealant Program.



- OHS helped communities gain designation as Dental HPSA and collaborated with ISDH Local Liaison office and Indiana Primary Health Care Association.
- OHS collaborated with the Indiana Rural Health Association and the Indiana Primary Health Care Association to provide technical assistance to establish dental services within existing and future Community Health Centers (CHC).
- ISDH Oral Health Director, MCSHC Medical Director, ISDH Assistant Commissioner for Human Health Services, and representatives from OMPP and Indiana Primary Health Care Association attended the MCHB Oral Health Institute in May 2006. This team conducted a meeting with interested parties and Dr. Bert Edelstien, Dental Services Consultant, to begin Oral Health Strategic Planning in August, 2006.

b. FY 2007 Current Activities and Performance Objective: The percent of third grade children who have received protective sealants on at least one permanent molar tooth will increase to 48% in FY 2007. Some activities to impact this performance objective include:

- OHS is promoting community-based dental sealant programs, and collaborating with the IU School of Dentistry Community Dentistry's sealant placement program. The ISDH Director of Oral Health Services served on the Board and planning committee of the IU School of Dentistry Mobile Dental Sealant Program.
- OHS is promoting the use of pit and fissure sealant to dental/dental hygiene students at IU School of Dentistry and to current practitioners throughout the state.
- OHS is currently distributing oral health brochures for distribution to MCSHC, WIC, Head Start, Early Head Start, Baby First Packets, etc., in both English and Spanish.

**PERFORMANCE MEASURE #10** The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

a. FY 2006 Accomplishments and Performance Objective: The rate of death to children aged 0-14 caused by motor vehicle crashes per 100,000 children will be 3.4 in 2006. (Baseline of 3.4 in 2003) Status: Achieved 3.3%. Some activities that impacted this performance were:

- ISDH implemented a web-based Injury and Violence Prevention Resource Directory, a clearinghouse for information and resources for Indiana: [www.in.gov/isdh/programs/injury/index.htm](http://www.in.gov/isdh/programs/injury/index.htm).
- ISDH worked with the Indiana Automotive Safety Program for Children, as well as the Safe Kids Program to promote automotive safety.
- ISDH funded Riley Hospital for Children to implement the "Checkpoints" teen driving program developed by the National Institute of Child Health and Human Development to promote parental involvement in teen driver training.

b. FY 2007 Current Activities and Performance Objective: The rate of death to children aged 0-14 caused by motor vehicle crashes per 100,000 children will be 3.3 in 2007. (Baseline of 3.4 in 2003). Some activities to impact this performance objective include:

- MCSHC began funding a part-time injury epidemiologist position to support the ISDH Injury Prevention Program.
- ISDH maintained the Injury Prevention Advisory Council, which meets quarterly, to share information on injury prevention programs and activities across the state.
- ISDH maintained a web-based Injury and Violence Prevention Resource Center as a resource for injury prevention information for Indiana.

**PERFORMANCE MEASURE # 11** Percentage of mothers who breastfeed their infants at 6 months of age.

a. FY 2006 Accomplishments and Performance Objective: The percentage of mothers who breastfeed their infants at hospital discharge will be 67% in FY 2006. (This was changed to: The percentage of mothers who breastfeed their infants at 6 months of age will be 35%.)

Status: Baseline Figure = 30.2% (Note: roughly half of the women who breastfeed at birth still breastfeed at 6 months). Some activities that impacted this performance were:

- The State Breastfeeding Strategic Plan "Born to Be Breastfed- A Call to Action" was distributed statewide.
- From 04/01/06 to 9/30/06 there were 40,000 visits to the IPN web page and the Breastfeeding Call to Action document was downloaded more than 2,700 times.
- Breastfeeding information and the State Breastfeeding Plan were shared at the 2nd quarterly State Perinatal Advisory Board Meetings and was the main topic of the Spring Perinatal Perspectives professional newsletter.
- Three regional trainings of statewide prenatal care coordinators in May 2006 included a session on breastfeeding and the Call to Action.
- Indiana organized 10 local breastfeeding coalitions and a state central coalition. Each area identified one or two lead persons, and a toolkit was developed to assist with initial local organization.
- The first annual State Coalition Meeting, modeled after the National Conference was held on September 7, 2006 where 100 persons were trained on coalition building. Each region was provided with up to \$400 to organize locally.
- The Indiana Mother's Milk Bank was opened with support from the ISDH Commissioner, MCSHC, CNOP, and IPN.

b. FY 2007 Current Activities and Performance Objective: The percentage of mothers who breastfeed their infants at 6 months of age will be 35% in FY 2007. Some activities to impact this performance objective include:

- A State Breastfeeding Steering Committee will be formed from chairs of the Indiana Perinatal Breastfeeding Committee, State AAP breastfeeding committee, LaLeche League, Indiana Milk Bank, WIC, ISDH Community Nutrition Obesity Program, MCSHC, and Office of Women's Health to review the state action plan and develop state priorities. Local coalitions and existing breastfeeding committees will implement recommendations of the Steering Committee. The Steering Committee will develop a method for obtaining quality data to fully assess the status of breastfeeding in Indiana at time of discharge, 3 and 6 months postpartum.
- The International Board of Lactation Examiners requirement for 40-45 hours of training prior to applying to sit for the exam to become an International Board Certified Lactation Consultant (IBCLC) will be provided to health professionals.

**PERFORMANCE MEASURE #12** Percentage of newborns who have been screened for hearing impairment before hospital discharge.

a. FY 2006 Accomplishments and Performance Objective: Maintain or improve universal newborn hearing screens at 98.6% in FY 2006.

Status: In CY 2006, 98.6% of infants born in Indiana received a newborn hearing screen. Some activities that impacted this performance were:

- IU lab's new data management system, Specimen Gate, incorporating UNHS data from blood spot cards, became functional in October 2005. This database is now being used to assist with follow-up for babies who may not have been screened for hearing loss, may not have passed UNHS, and those who may have risk factors associated with delayed onset of hearing loss.
- Early Hearing Detection and Intervention (EHDI) continued to develop the web-based Universal Newborn Hearing Screening (UNHS) / EHDI Datamart which will replace the paper Monthly Summary Report

(MSR) and Diagnostic Audiology ODS. Internal testing of the system began August 2006 and is continuing.

- State audiologists worked with First Steps to develop signed reciprocal releases of information that the First Step Intake and Service Coordinators can collect. Until this is widely collected, monthly data from First Steps will not be obtained to fulfill the CDC-EHDI data recommendations, as Family Education Rights and Privacy Act (FERPA) prevent sharing of child specific information.
- EHDI submitted a grant proposal and received funding from Health Resources and Services Administration (HRSA) to support UNHS and EHDI Program development.

b. FY 2007 Current Activities and Performance Objective: Improve universal newborn hearing screens to 98.7% in FY 2007. Some activities to impact this performance objective include:

- EHDI received contact information for all licensed Ear, Nose and Throat physicians in the state and sent out letters educating them regarding their responsibility to report any child with hearing loss to the Indiana Birth Defects and Problems Registry (IBDPR), via the IBDPR Reporting Form.
- EHDI will continue to partner with the Indiana Chapter of Hands & Voices to modify the Indiana Family Resource Guide for Families with Children with Hearing Loss, to translate it into Spanish, and to make it available electronically.
- EHDI Program will partner with Department of Education and Outreach Services for Deaf and Hard of Hearing Children to study the feasibility of bringing the Early Childhood Outreach (ECHO) program to Indiana.

**PERFORMANCE MEASURE #13** Percent of children without health insurance.

a. FY2006 Accomplishments and Performance Objective: To decrease the percent of children without insurance to 8.7% in FY 2006.

Status: Not Achieved (9.1%) Some activities that impacted this performance were:

- The Sunny Start Program has expanded the website to provide families and early childhood providers with resource and support information- (<http://earlychildhoodmeetingplace.indiana.edu/index.htm>). Each Indiana County is represented on the site with pertinent information regarding local, county, and state services including topics like Community Resources, Child Care and Education, Health and Safety, and Parenting and Families.
- Sunny Start is working with the child care voucher program to ensure that when families apply for child care subsidies, they are asked if their child has a medical home.

b. FY2007 Current activities. Some activities to impact this performance objective include:

- The MCHB funded project, the Indiana Early Childhood Comprehensive System (ECCS) Program continues to include strategies to increase the percentage of children on child care voucher programs who have health insurance.
- The MCSHC Sunny Start: Healthy Bodies, Healthy Minds program continues to provide service information to families via a website.
- The MCSHC Director serves on the Board of Covering Kids & Families, Advocating Health Coverage for Indiana Families and to participate on the Hospital & Health Center subcommittee.
- MCSHC staff participates in the Department of Family Resources Partnership subcommittee.
- The 2007 Indiana General Assembly passed legislation to extend Medicaid coverage for children whose family income is up to 300 percent of the federal poverty level.

**PERFORMANCE MEASURE # 14** Percentage of children ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85<sup>th</sup> percentile.

a. FY 2006 Accomplishments and Objective: The percentage of children, age 2 to 5 years, receiving WIC services

with a Body Mass Index at or above the 85th percentile being 23.

Status: Achieved (23) Note: This is a new Performance Measure for FY2007. No specific activities were listed.

b. FY 2007 Current activities and Objective: The percentage of children, age 2 to 5 years, receiving WIC services with a Body Mass Index at or above the 85th percentile will be 22%. A major activity to impact this performance objective will be:

- WIC health professionals will screen all applicants for Risk Factor 113 (Overweight/BMI equal or > 95%) and Risk Factor 114 (At Risk for Overweight/BMI 85% to < 95%).

**PERFORMANCE MEASURE # 15** Percentage of women who smoke in the last three months of pregnancy.

a. FY 2006 Accomplishments and Performance Objective: The percent of very low birthweight infant among all live births will be maintained at 1.3% in FY 2006.

Status: Objective Met (In 2007 this PM changed to Percentage of Women who smoke in the last three months of pregnancy.). Some activities that impacted this performance were:

- Results from Marion County Perinatal Periods of Risk (PPOR) were shared through Indiana Perinatal Network (IPN) Newsletter. MCSHC and IPN provided technical assistance to the 6 targeted counties to begin local PPOR, but counties do not have the resources to do PPOR at this time.
- Prenatal projects examined all cases of infant mortality and low birthweight occurring in their clinics to find commonalities and causes to develop strategies to improve clinic outcomes. Preliminary analysis shows that 54% of the pregnancies were unintended, 51% of the mothers smoked during pregnancy, 26% of the mothers had inadequate weight gain, 13% of the mothers experienced an infection and 13% of the mothers used illegal substances.
- Funded Fetal Infant Mortality Reviews (FIMR) were conducted in Marion, Lake, St. Joseph, and Vanderburgh Counties. A preliminary state FIMR report will be published in 2007.
- The IPN Doula pilot program was implemented in Marion County and is being evaluated.

b. Current Activities for FY 2007 and Performance Objective: The percentage of women who smoke in the last three months of pregnancy will be 16.0 in FY 2007. Some activities to impact this performance objective include:

- MCSHC has contracted to have in-depth analysis of maternal smoking and birth outcomes data.
- MCSHC defines common measures and processes to be applied across all funded projects to capture data identifying pregnant smokers at the time they enter prenatal care and at each subsequent trimester of pregnancy to establish changes in smoking status during the pregnancy.
- Indiana birth certificates will have information on women who smoke in the last three months of pregnancy for calendar year 2007. Data will be available in fiscal year 2008.
- PSUPP/MCSHC is collaborating with Smoke Free Indiana to reach a broader audience and have greater impact on smoking cessation with pregnant women. Smoking cessation coalitions formed by the Indiana Tobacco Prevention Cessation (ITPC) program in all 92 counties will be brought in for training by Smoke Free Indiana to return to their counties and train health professionals, social service agencies, school personnel and other community persons working with pregnant women on the effects of smoking during pregnancy on the mother and fetus.
- MCSHC is collaborating with Indiana Lung Association to provide smoking cessation for pregnant women training in 5 focus counties in the northern part of Indiana.
- The 2007 Indiana General Assembly passed legislation increasing the tax on cigarettes by .44 / pack.

**PERFORMANCE MEASURE #16** The rate per 100,000 of suicide deaths among youths aged 15-19.

a. FY 2006 Accomplishments and Performance Objective: The rate of suicide deaths among youths aged 15-19 will be maintained at 8.0 in FY 2006. (Baseline rates of 9.1 in 2002 and 6.6 in 2003).

Status: Achieved 7.6% Activities that impacted this performance included:

- MCSHC funded the part time Administrative Coordinator for the Indiana Suicide Prevention Coalition. The Coalition functions as an "umbrella" organization for 11 regional coalitions.
- ISDH collaborated with the Indiana Suicide Prevention Coalition to implement the State Suicide Prevention Plan. Coalition accomplishments related to the Plan include:
  - Distribution of the "Youth Suicide Prevention School-Based Guide" on CD-ROM to 550 public and private Indiana schools
  - Creation of a suicide prevention awareness brochure and a statewide listserv
  - Organization of a new (12th) suicide prevention regional council in Northwest Indiana
  - A summary of evidence-based youth suicide prevention programs and screening tools
  - Identification of suicide prevention programs for employee assistance programs (EAPs), with information provided to the five largest EAPs in the state

b. FY 2007 Current Activities and Performance Objective: The rate of suicide deaths among youths aged 15-19 will decrease to 7.8 in FY 2007. (Baseline rates of 9.1 in 2002 and 6.6 in 2003). Some activities to impact this performance objective include:

- MCSHC continues to fund the part time Administrative Coordinator for the Indiana Suicide Prevention Coalition. The Coalition functions as an "umbrella" organization for 12 regional coalitions.
- ISDH began work on a new version of the well-received data report on Suicide in Indiana.
- ISDH continued to collaborate with the Indiana Suicide Prevention Coalition to implement the State Suicide Prevention Plan. Coalition accomplishments included distribution of a suicide prevention awareness brochure, maintenance of a statewide listserv, and editing of the Student Suicide manual to be distributed to Indiana schools by the Indiana Department of Education.

**PERFORMANCE MEASURE #17** Percent of very low birthweight infants delivered at facilities for high-risk deliveries and neonates.

a. FY 2006 Accomplishments and Performance Objective: The percent of very low birthweight infant delivered at facilities for high-risk deliveries and neonates will be maintained at 80% in CY 2006.

Status: Achieved (77.4%) Some activities that impacted this performance were:

- ISDH reviewed Fetal Infant Mortality Review (FIMR) data for appropriate deliveries and transport of high-risk deliveries and neonates. MCSHC met with all FIMR teams to gather data and provide technical assistance updates. Preliminary data from the FIMR groups show there are still some problems with women walking into an out-of-network hospital in labor, unfortunately these women are most likely to be higher risk women. Birth data for 2003 shows that 78% of all very low birthweight infants were born at appropriate hospitals.
- ISDH provided trainings on appropriate transfer of high-risk deliveries and neonates through IPN. The Prenatal Continuing Education Program (PCEP) was provided through St. Mary's Hospital for Women and Children, Evansville as the lead hospital, with Good Samaritan Hospital in Vincennes, Gibson General Hospital in Princeton and Memorial Hospital and Health Care Center in Jasper.

b. FY 2007 Current Activities and Performance Objective: The percent of very low birthweight infant delivered at facilities for high-risk deliveries and neonates will be increased to 81% in CY 2007. Some activities to impact this performance objective include:

- The Indiana Prenatal Care Guidelines will be updated by September 30, 2007 and will include when to transport.
- Birth data by hospital is being reviewed by a MCH epidemiologist and consultant for appropriate deliveries and transport of high-risk deliveries and neonates. MCSHC will notify counties of any problems.
- MCSHC is participating on the Office of Medicaid Policy and Planning Quality Strategy Prenatal

Workgroup. The CMS 7 point initiative to improve neonatal outcomes will be incorporated into developed performance measures for MCOs.

**PERFORMANCE MEASURE #18** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

a. FY 2006 Accomplishments and Performance Objective: The percent of infants born to pregnant women initiating prenatal care in the first trimester of pregnancy will be 81% in 2006.

Status: Not Met (78.9%) Some activities that impacted this performance were:

- MCSHC worked with the Healthy Start projects in Lake and Marion counties to address county needs. MCSHC assisted with training and certification of Community Health Workers (CHW) with Indianapolis Healthy Start, and worked collaboratively with the Northwest Healthy Start to train CHWs at Ivy Tech in Lake County.
- MCSHC provided free pregnancy tests to 104 agencies in 64 counties as a method of outreach. Agencies were expected to assist women with a positive pregnancy test into early prenatal care.
- MCSHC developed a data collection tool with OMPP and MCOs to collect prenatal care coordination outcome data. All MCOs agreed to collect the assessment forms from all prenatal care coordinators in their networks. The data will identify access issues as well as care coordination outcomes. The prenatal care coordination combined assessment forms were published in a Medicaid bulletin March 6, 2006. MCSHC provided three regional trainings on the use of the forms with all state certified prenatal care coordinators in May 2006.
- MCSHC completed the Mini-PRAMS survey in LaPorte County. All of the targeted counties have completed mini-PRAMS surveys except Allen County.
- MCSHC updated Prenatal Care Coordination Certification (PNCC) training. Recertification of original PNCCs certified was implemented to update knowledge of latest best practices in prenatal care.
- IU School of Nursing Institute of Action Research for Community Health completed first year evaluations of the Maternity Outreach Mobilization Services (MOMS) faith-based project, the Baby First Advocates program and the Westside Family Investment project as possible models of outreach and facilitation into early care.

b. FY 2007 Current Activities and Performance Objective: The percent of infants born to pregnant women initiating prenatal care in the first trimester of pregnancy will increase to 81.2% in 2007. Some activities to impact this performance objective include:

- MCSHC will develop a brief guide of the Model Programs for Prenatal Care including Centering Pregnancy and Parenting, Maternity Outreach Mobilization Services (MOMS) and Baby First Advocates outreach programs. MCSHC will present the guide in the targeted counties (Marion, Elkhart, Lake, LaPorte, Allen and St. Joseph) by August 30, 2007.
- MCSHC will continue dissemination of the Baby First educational materials statewide and provide technical assistance for expansion of the media campaign into one additional county of concern by September 30, 2007.

### **STATE PERFORMANCE MEASURES**

**STATE PERFORMANCE MEASURE #1** The number of data sets, including the NBS, UNHS, Lead, IBDPR, Immunizations, CSHCS, & First Steps Data are completely integrated into the Indiana Child Health Data Set.

a. FY 2006 Accomplishments and Performance Objective: Fulfill at least 4 of the data access measures.

Status: Two data sets are integrated. Some activities that impacted this performance were:

- MCSHC continued to expand and define the Operational Data Store (ODS) and is now successfully importing data related to the Lead Screening program as well as receiving the revised first Datamart for Newborn Screening output.
- MCSHC developed additional Datamarts for other programs including Early Hearing Detection and Intervention Program and coding for the chronic disease, immunization, and the new vital statistics system parts of the ODS.
- The Data Integration Steering Committee completed five data access measures.
- The new SSDI grant for Data Integration was received for a five-year period.

b. FY 2007 Activities and Performance Objective: At least one additional data set will be completely integrated into the Indiana Child Health Data Set. This was the objective under the old definition. Using the revised data access measures as a guide to be consistent with National performance measures, at least two new data sets will be completely integrated into the Indiana Child Health Data Set, with at least two additional data sets in final development and testing. Some activities to impact this performance objective include:

- The Operations Data Store (ODS) development team, coordinated by the Data Integration Steering Committee (DISC), will continue to develop and test input and output from various sources, most importantly the new Vital Records Electronic Birth Certificate (EBC) that went live in January 2007. Implementation is being staged. The change in the data fields on the birth certificate will enable us to obtain verified data rather than estimates for the Health Status Indicator related to Medicaid versus non-Medicaid population.
- Universal Newborn Hearing Screening, Lead, Indiana Birth Defects and Problems Registry, Immunizations, Children's Special Health Care Services, and First Steps Data will also continue to be developed for integration into the ODS.

**STATE PERFORMANCE MEASURE #2** The rate per 10,000 for asthma hospitalizations (ICD 9 Codes: 493.0-493.9) among children less than five years old.

a. FY 2006 Accomplishments and Performance Measure: The rate per 10,000 for diagnosed asthma hospitalization among children less than five years old decrease to 29.0%.

Status: Achieved (28.9%) Some activities that impacted this performance were:

- The State Asthma Program updated the Asthma Burden Report, using the Behavioral Risk Factor Surveillance System (BRFSS) Child Asthma module and Child Health Call-Back module.
- The Health Care Provider Workgroup developed an asthma best practices course for health care providers in Indiana. The State Asthma Program and the Health Care Provider workgroup contracted with the Indiana University (IU) School of Medicine, Division of Continuing Education to create and implement an asthma training course. Indiana University conducted a survey of family physicians to identify the needs of Indiana primary care physicians as related to asthma guidelines training. ISDH, the InJAC Health Care Provider workgroup and IU worked collaboratively to design the course based on the results of the survey and discussions at several meetings of the InJAC Health Care Providers workgroup.
- Taking Control of Asthma in Indiana (Asthma Management Guidelines Update) was offered in Bloomington, Richmond, Evansville, and Indianapolis October through December. Also, during the Indianapolis training, the course was offered via teleconferencing in six other locations throughout the state. Continuing education credits/units were offered to physicians, nurses, respiratory therapists, and pharmacists. There were 104 participants total.

b. FY 2007 Current Activities and Performance Measure: The rate per 10,000 for diagnosed asthma hospitalization among children less than five years old will drop to 28.0%. Some activities to impact this performance objective include:

- The Asthma Burden Report will be updated by December 2007 and will include BRFSS, hospitalization, Emergency Department, and mortality data. The CDC recommended the Report be updated every three

years instead of yearly.

- State Asthma Program will continue to update data Fact Sheets on Youth Risk Behavior Surveillance (YRBS) data as well as Behavior Risk Factor Surveillance System (BRFSS) data. The YRBS will be administered in 2007. As with 2005 YRBS data, the State Asthma Program will make the results available, as it pertains to asthma, to stakeholders. The 2005 YRBS data is available in the Spring/Summer Breathe In/Breathe Out newsletter, available online at [www.in.gov/isdh/programs/asthma/publications.htm](http://www.in.gov/isdh/programs/asthma/publications.htm).
- Indiana Joint Asthma Coalition (InJAC) Environmental Quality Workgroup will develop materials for educational outreach. The Environmental Quality workgroup has materials available through Breatheasyville, an online education tool.

**STATE PERFORMANCE MEASURE #3** The percent of live births to mothers who smoke.

a. FY 2006 Accomplishments and Performance Objective: The percent of live births to mothers who smoke will decrease to 17.10% in CY 2006.

Status: Not - Achieved (17.3%) Some activities that impacted this performance were:

- The ISDH Prenatal Substance Use Prevention Program (PSUPP) identified and provided educational and support services to 4,004 high risk, chemically dependent pregnant women.
- PSUPP/MCSHC collaborated with Smoke Free Indiana to reach a broader audience and have greater impact on smoking cessation with pregnant women. The Indiana Tobacco Prevention Cessation (ITPC) program formed smoking cessation coalitions in all 92 counties.
- MCSHC informed all funded projects to refer pregnant women to the Quit Now program available by telephone at 1-800-QUIT-NOW and distributed new copies of the "You and Me Smoke-Free" program and the "ASK" Protocol to all funded prenatal projects.
- MCSHC teamed with state collaborative partners to form the Coalition to Promote Smokefree Pregnancies (CPSP), including March of Dimes, Indiana Perinatal Network, Clarian Health Systems, American Lung Association (ALA), Indiana ACOG, MCSHC consultants, Smoke Free Indiana, Indiana Tobacco Prevention and Cessation, Marion County Minority Health, PSUPP director to identify priority issues and develop interventions.
- PSUPP received funding from the Division of Mental Health with Federal funds from the Center for Substance Use Prevention and Maternal and Children's Special Health Care Services and the Indiana Tobacco Prevention and Cessation Agency.
- PSUPP worked with the Bowen Research Center to study the impact of alcohol, drug and tobacco use on pregnant women in Indiana. The report was presented to the legislature on Oct. 1, 2006. It also included recommendations for needed services in Indiana.

b. FY 2007 Current Activities and Performance Objective: The percent of live births to mothers who smoke will decrease to 16.5% in CY 2007. Some activities to impact this performance objective include:

- MCSHC continues to provide brochures on "You and Me Smoke-Free" program and on the "ASK" Protocol.
- MCSHC will analyze the percent of live births of mothers who smoke on a quarterly basis to determine training needs.
- MCSHC staff is working with Hoosier Healthwise Quality Improvement Committee and contracted MCO's to educate physicians and outreach workers on smoking cessation.
- MCSHC is collaborating with Indiana Lung Association to provide smoking cessation training for prenatal clients in 5 focus counties.

**STATE PERFORMANCE MEASURE #4** The percent of black women (15 through 44) with a live birth whose prenatal visits were adequate.

Status: Not Achieved (60.0%)



a. FY 2006 Accomplishments and Performance Objective: The percent of Black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate will increase to 63% in FY 2006. Some activities that impacted this performance were:

- The ISDH Office of Minority Health (OMH) worked with local counties to support the "Grandmother's teas" to promote breastfeeding, the "Father Support Groups" to promote breastfeeding, and the "Shower Your Baby with Love", baby showers to promote prenatal care and healthy pregnancy among African American mothers.
- MCSHC provided technical assistance to Allen, Elkhart, Lake, LaPorte, Marion, and St. Joseph counties to mobilize community partnerships between policymakers, health care providers, families, the general public, and others to form county coalitions to identify and solve perinatal disparity issues. Data from completed focus groups and community conversations was shared with each county.
- LaPorte Co. formed a coalition consisting of the two hospitals, Valparaiso University, social services agencies, county school corporation, private practitioners, health clinics, WIC, and faith-based organizations. The coalition formed subgroups based on county data.
- Lake Co. MCH Network, consisting of Healthy Families, mental health, managed care organization representatives, staff from 3 local health departments, community health center staff, representation from 2 hospitals, the City of Gary, MCH clinics, health providers, Ivy Tech Community College, Healthy Start, Purdue Extension, Head Start, Township trustees, Healthy Housing, WIC, prenatal care coordination, and the local minority health coalition, addressed disparity issues of safe sleep and started a crib program to prevent SIDS and asphyxia for minority families. The MCH network also acts as the community action team for FIMR.
- Each of the 6 targeted counties, Allen, Elkhart, Lake, LaPorte, Marion and St. Joseph, received pieces of a tool kit, developed by IPN and MCSHC on perinatal disparities, including perinatal outcome data, research on black perinatal disparity, conducting a local needs assessment, how to do educational campaigns and marketing, community development, model neighborhood programs to address African American disparity issues.
- MCSHC collaborated with the State Minority Health Coalition to address disparities in Allen, Elkhart, Lake, LaPorte, Marion, and St. Joseph counties through faith-based programs. MCSHC along with the State Minority Health Coalition, focused on chronic disease.

b. FY 2007 Current Activities and Performance Measure: The percent of Black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate will increase to 64% in FY 2007. Some activities to impact this performance objective include:

- MCSHC completed a ten year birth cohort of county and state birth outcomes by race and ethnicity.
- MCSHC will disseminate through presentations in the six targeted counties to ensure that the planning and delivery of perinatal health care services meet the needs of the at-risk population.
- MCSHC will conduct perinatal disparity summits in the five targeted disparity counties of Allen, Elkhart, Lake, Marion, and St. Joseph counties.
- MCSHC will develop policies and plans that support individual and community efforts to improve perinatal health and revise the State Perinatal Strategic Plan with emphasis on African-American disparities, social determinants, and community building. This is an infrastructure building process with a vision of starting a strategic plan by the end of the grant year.
- FIMRs with focus on perinatal disparities will continue in 4 counties with resulting recommendations to reduce disparities and improve local perinatal systems. A statewide report will be published.

**STATE PERFORMANCE MEASURE #5** The percentage of children age 0 to 7 years with blood lead levels equal to or greater than 10 Micrograms per deciliter

a. FY 2006 Accomplishments and Performance Objective: During SFY 2006 the percentage of children with blood lead levels equal to or greater than 10 Micrograms per deciliter will decrease to 2.4%.

Status: Objective Met (2.2%) Some activities that impacted this performance were:

- In SFY 2006, 47,761 children were tested and 520 had a confirmed elevated blood lead level equal to or greater than ten (10) micrograms per deciliter of blood, for a percentage of 1.09%.
- Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) worked with Maternal & Children's Special Health Care (MCSHC) to contract out the development of a template for a county regulation "Model Code" to require the testing of rental housing built prior to 1950, and housing where a child has been lead poisoned, including the requirement to make the housing unit lead safe prior to renting.
- A formal, statewide awareness campaign was abbreviated as it was not funded by the Centers for Disease Control and Prevention (CDC) grant. However, materials for a campaign were developed and will be utilized in many ongoing training and conference activities of ICLPPP. This activity will also appear in 2007 as a collaborative effort with Indiana Black Expo, Inc. (IBE). IBE, received \$360,000 through a HUD grant, to implement a two-year, statewide lead awareness campaign which will utilize ICLPPP materials, expertise, and other support.
- ICLPPP worked with the Office of Medicaid Policy and Planning (OMPP) to pay for case management and environmental assessments of lead poisoned children at 10 micrograms of deciliter or greater. After several plans for Medicaid reimbursement have fallen through, ICLPPP has contracted with a consultant organization to assist in setting up local health department (LHD) Medicaid billing for lead activities.

b. FY 2007 Current Activities and Performance Measure: During SFY 2007, the percentage of children with blood lead levels equal to or greater than 10 Micrograms per deciliter will decrease to 2.3%. Some activities to impact this performance objective include:

- It is projected that by the end of SFY 2007, 58,349 children will have been tested. Also projected, 619 children will have a confirmed elevated blood lead level equal to or greater than ten (10) micrograms per deciliter of blood, for a percentage of 1.06%.
- ICLPPP continues to work with MCSHC to make the local ordinance template and the cost benefit analysis available to all counties and municipalities and educate counties on the benefits of adopting such an ordinance.

**STATE PERFORMANCE MEASURE #6** The proportion of births occurring within 18 months of a previous birth to the same birth mother.

a. FY 2006 Accomplishments and Performance Objective: The proportion of births that occur within 18 months of a previous birth to the same birth mother will be reduced from 18.4% to 17% in 2006.

b. FY 2007 Current Activities and Performance Measure: The proportion of births that occur within 18 months of a previous birth to the same birth mother will be reduced to 17% in 2006. Some activities to impact this performance objective include:

- MCSHC staff, IPN, March of Dimes, Title X and other members of the Unintended Pregnancy committee will contact DOE to begin working to add sexuality and pregnancy prevention to the curriculum of junior high school students.
- A call to action document produced by the Unintended Pregnancy advisory group will be shared throughout the state with county or regional coalitions to develop action plans during a 2 day state summit Wed-Thurs, September 12-13, 2007.
- A birth cohort data analysis will be utilized to identify commonalities in the subpopulation of women who do not space births at least 18 months. This information will be shared with each county to assist with targeting populations most at risk for short interval pregnancies and poor pregnancy outcomes. This report will be completed by September 2007 and placed on the MCSHC website.

**STATE PERFORMANCE MEASURE #7** Number of community/neighborhood partnerships established in 5 targeted counties to identify perinatal disparities.

a. FY 2006 Accomplishments and Performance Objective: The number of targeted communities with such community/neighborhood partnerships will increase from 0 to 1 in 2006.

Status: Two (2) county partnerships were developed. Some activities that impacted this performance were:

- MCSHC helped develop community/neighborhood partnerships in Marion and St. Joseph County.
- The community/neighborhood partnership established in Marion County, represents a coalition with Healthy Start, Indiana Perinatal Network (IPN), the Marion County Minority Health Coalition and the Marion County Healthy Babies Consortium. Minority volunteers from 2 targeted Zip Codes provide outreach, health education, advocacy, and opinions on improving disparity issues.
- In St. Joseph County a community/neighborhood partnership has been developed in collaboration with Memorial Hospital, Memorial Hospital prenatal care coordination program, Minority Health Coalition, Minority Outreach Program, and 9 neighborhood churches in a high-risk targeted Zip Code that includes a large minority population, to provide neighborhood education, outreach, case finding, prenatal care coordination and mentoring by church volunteers.
- Elkhart County formed a coalition with the United Way, Women's Care Center, local health department, MCH clinics, hospital, and social services agencies. Elkhart County became the first county to adopt the Indiana Friendly Access Program training on cultural competence with a commitment of at least a one-year training initiative.
- MCSHC presented perinatal vital record outcomes, and focus group and town meeting results to each county coalition, and provided technical assistance to the six-targeted counties (Allen, Elkhart, Lake, LaPorte, Marion, St. Joseph) to assess social/system determinants that create barriers to early entrance into prenatal care in each county with use of at least one of the following tools: Indiana "Mini-Prenatal Risk Assessment Monitoring Surveillance (PRAMS)" surveys, targeted focus groups, ongoing town meetings, FIMR, and Perinatal Periods of Risk (PPOR) to substantiate and enhance knowledge of problems.

b. Current Activities for FY 2007 and Performance Measure Objective: The number of targeted communities with such community/ neighborhood partnerships will increase from 1 to 2 in 2007. Some activities to impact this performance objective include:

- MCSHC will continue disseminating the Baby First educational campaign community digital tool-kit statewide and provide technical assistance for expansion into one additional community by September 30, 2007.
- By August 30, 2007 a brief guide of Model Programs for Prenatal Care -- how to get started, funded, and set goals including Centering Pregnancy and Parenting, MOMS and Baby First Advocates outreach programs for communities and organizations interested in taking action improve early entry into and the content of prenatal care will be developed. These guides will be provided to target county coalitions, funded MCH sites and County Health Departments and posted on the MCSHC web site.

**STATE PERFORMANCE MEASURE #8** The percentage of high school students who are overweight or at risk

a. FY 2006 Accomplishments and Performance Objective: The percentage of high school students who are overweight will decrease by 3% over the five years. According to the 2005 Indiana YRBS, 15% of students in grades 9th through 12<sup>th</sup> were overweight, which is a statistically significant increase from the 2003 YRBS results of 11.5%. Accordingly, 14.3% of Indiana students were at risk for becoming overweight.

Status: In Process Some activities that impacted this performance were:

- MCSHC funded Community Nutrition/Obesity Prevention's (CNOP) Obesity Prevention Resource Guide development. CNOP's obesity Data Assessment Committee met 4 times in 2006. The first resource guide was developed to provide obesity baseline data for Indiana schools and other organizations in developing related programs and activities.
- MCSHC funded Body Talk program to the Ruth Lilly Education Center to increase high school student's awareness of nutrition and physical activity. This is a three-day program targeting high school students. It

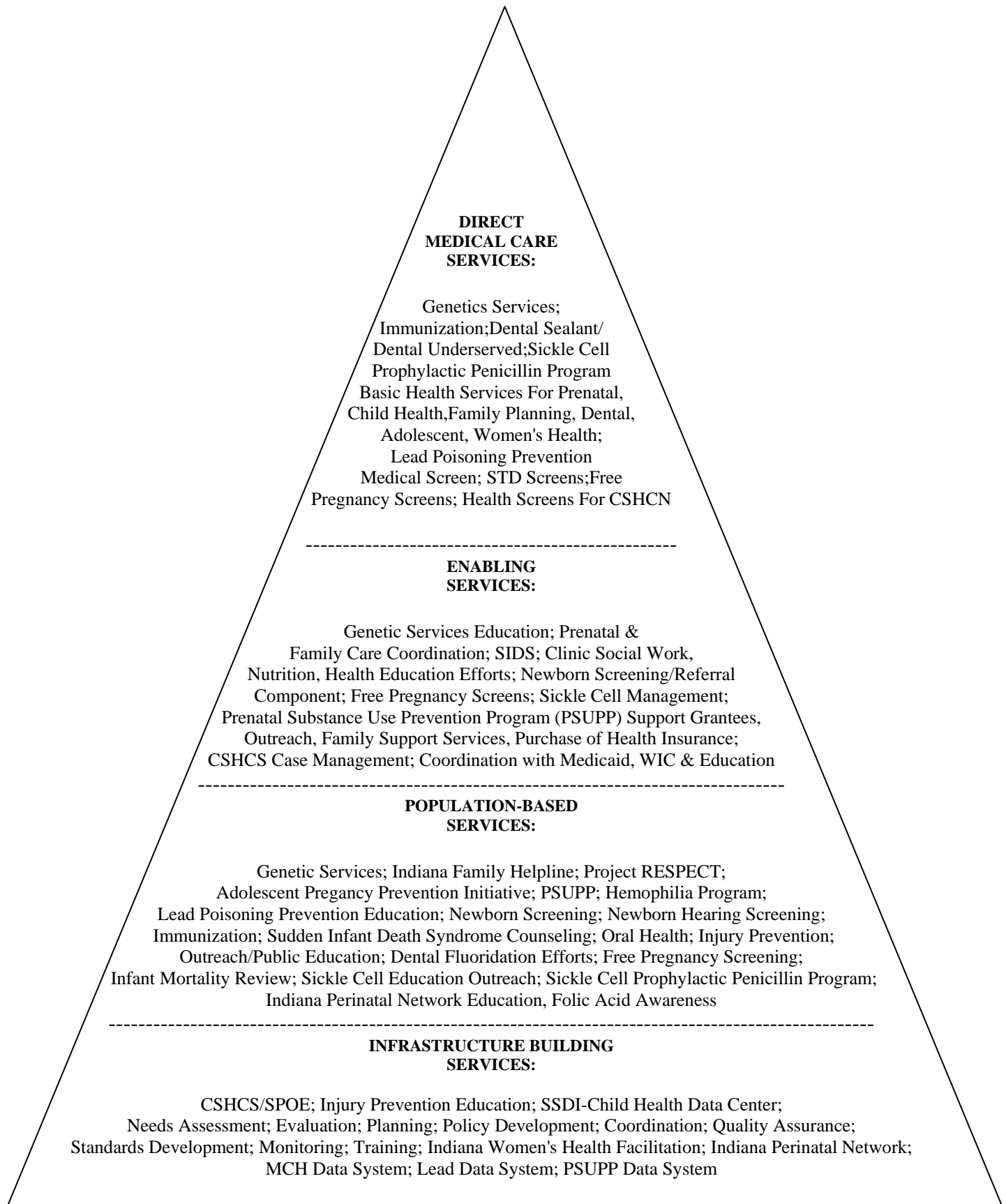
focuses on nutrition, physical activity, and body image. In 2006, more than 3500 students participated in the program.

- CNOP, in partnership with INDY COOKS program developed a proposal for healthy food demo (focusing on fresh fruits and vegetables) in Indiana schools.
- CNOP formed the State Body and Soul Coalition to implement Body and Soul program in Indiana's African American churches to increase consumption of fruits and vegetables. The committee met monthly. Related coalition policies and procedures were developed. Information sessions were provided to 28 churches. Program implementation plan (logic model) for 2007 was developed.
- In partnership with Indiana's Department of Education and the ISDH Epidemiology Resource Center, CNOP completed the first state School Weight and Height Collection report for the school year of 2005-2006. During the first year measurement (2005-2006 school year), local American Cancer Society officers and the local health department staff offered assistance to local schools with measurements. Recommendations were made to the Health Commissioner and other top leaders.
- In comparison with Indiana's YRBS, the findings illustrated that the overweight rate identified through actual school weight and height measurements (including at risk for overweight) was 7.6 percent higher than the self-reported YRBS survey rate.

b. FY2007 Current Activities and Performance Objective: The percentage of high school students who are overweight will decrease by 3% over the five years. Some activities to impact this performance objective include:

- CNOP is using funding from the AmeriCorps Improving Health throughout Indiana program, which was developed based on CNOP's Community Lay Health Worker program. The program is providing positions to 8 MCH local projects to promote community outreach to local women, families, and children through various settings including local MCH clinics, schools and churches.
- CNOP is scheduled to provide more than 56 workshops and presentations to an estimated 800 providers, school nurses, local health department officers, church leaders, volunteers, summer camp kids, college students, and parents regarding good nutrition and the need for increased physical activities.
- CNOP is developing Healthy Vending and Snack Bar Guidelines, Food Handling and Demo Policies and Procedures, Nutrition and Emergency Preparedness food supplies and brochures.

**FIGURE 1:  
CORE PUBLIC HEALTH SERVICES**



### Selected Health Status Indicators

	1999	2000	2001	2002	2003	2004	2005
The Percent of Women (15 through 44) with a live birth during the reporting year whose prenatal visits are considered adequate.	75.2%	72.4%	74.1%	73.5%	72.9%	72.3%	71.1%
The Percent of Live Births weighing less than 2,500 grams.	7.8%	7.4%	7.6%	7.6%	7.9%	8.1%	8.3%
The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.	10.0	11.4	11.5	9.0	9.6	11.6	11.3
The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.	18.5	21.7	23.8	23.8	23.7	26.6	26.2
The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.	4.6	5.7	7.1	7.1	7.0	8.2	8.4

### Selected Performance Measures

	1999	2000	2001	2002	2003	2004	2005
Percent of newborns in IN with a confirmed case of selected genetic condition/s who received appropriate follow-up.*	99.3%	99.9%	99.4%	99.6%	99.8%	100%	100%
Percent of children through age 2 who have completed immunizations.	78.9	79.3%	78.5%	78.5%	79.3%	79%	81.4% +/- 6.5
The Rate of Births (per 1,000) for teenagers aged 15 through 17 years.	27.4	26.6	23.7	22.5	21.5	20.9	20.5
Percentage of mothers who breastfeed their infants 6 months after hospital discharge.**	56.3%	59.8%	62.6%	64.9%	63.2%	66.4%	30.2 +/-5
Percent of newborns screened for hearing impairment before hospital discharge.	56.6%	95%	98%	99.6%	99.8%	97.9%	98.5%
Percent of children without health insurance.	11.8%	7.8%	7.8%	7.6%	7.6%	8.9%	9.1%
The rate (per 100,000) of suicide deaths among youths aged 15-19.	8.1	8.7	9.0	9.1	6.6	8.1	6.9
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	79.5%	79.4%	78.8%	80.5%	80.6%	79.3%	78.9%
Percent of live births to mothers who smoke.***	20.9%	20.2%	20.2%	19.1%	18.5%	18.0%	17.9%
The percent of black women (15 through 44) with a live birth whose prenatal care visits were adequate.	63.5%	60.2%	63.2%	61.6%	61.6%	61.3%	60.0%

### Selected Outcome Measures

	1999	2000	2001	2002	2003	2004	2005
The infant mortality rate per 1,000 live births.	7.8	7.7	7.5	7.6	7.4	8.1	8.1
The ratio of the black infant mortality rate to the white infant mortality rate.	2.5	2.4	1.9	2.4	2.5	2.5	2.4
The perinatal mortality rate per 1,000 live births + fetal deaths.	6.9	7.4	7.1	11.4	10.6	6.9	10.8
The child death rate per 100,000 children aged 1-14.	27.5	25.5	21.8	22.6	19.3	23.5	24.5

\* This performance measure was changed in FY 2004.

\*\* This performance measure was changed in FY 2005; the figure is normally approximately 50% of those who breastfeed at birth (which was the former performance measure).

\*\*\* This performance measure will be changed in FY 2006 to "smoked during last trimester," as the new Electronic Birth Certificate contains that information.

^ Preliminary data

+/- Means within that variance for 95% confidence